



Bib Data Sheet



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APPLICANTS

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**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/216,733 12/21/1998 *TW*
WHICH IS A CIP OF 09/021,114 02/10/1998 PAT 6,017,545

**** FOREIGN APPLICATIONS ********Diane TW***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 06/12/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

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TITLE

Method for administering insulin to the buccal region

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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